Public Health Agency of Canada

2017–18

Departmental Plan

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

— Public Health Agency of Canada

Également disponible en français sous le titre :

Agence de la santé publique du Canada : Plan ministériel 2017–2018

This document is available on the following Web site: www.canada.ca/health

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Publication date: February 2017

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Pub.: 160306
Cat.: HP2-26E-PDF
ISSN: 2371-8064

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Minister's message

Our 2017–18 Departmental Plan provides parliamentarians and Canadians with information on what we do and the results we are trying to achieve during the upcoming year. To improve reporting to Canadians, we are introducing a new, simplified report to replace the Report on Plans and Priorities.

The title of the report has been changed to reflect its purpose: to communicate our annual performance goals and the financial and human resources forecast to deliver those results. The report has also been restructured to tell a clearer, more straightforward and balanced story of the actual results we are trying to achieve, while continuing to provide transparency on how tax payers' dollars will be spent. We describe our programs and services for Canadians, our priorities for 2017–18, and how our work will fulfill our departmental mandate commitments and the government's priorities.

As stated in my mandate letter,[i] "when Canadians are in good physical and mental health, they are able to work better, be more productive, and contribute more fully to our economy while living healthier, happier lives." The planned results in this report focus on meeting the challenges of a complex, ever-changing health landscape, including addressing the needs of an aging population and capitalizing on advances in technology.

To help achieve positive results for Canadians, the Public Health Agency of Canada (PHAC) will invest in programs to: strengthen Canada's public health system; improve the overall health of the population through health promotion, and disease and injury prevention; and help prevent, prepare for, and respond to domestic and international health emergencies. To address the ongoing opioid crisis in Canada, PHAC will play a leadership role at the federal level, working in close collaboration with Health Canada, provinces, territories, and other partners.

PHAC will pursue initiatives to increase immunization rates and collaborate with partners on the harmonization of concussion management guidelines. As well, PHAC will continue to work with community-based organizations and partners to address HIV, hepatitis C, and related sexually transmitted and blood borne infections and make progress against global targets. In addition, PHAC will work with stakeholders to support mental wellness, and strengthen surveillance that supports broader access to data related to infectious disease, chronic disease, and injury prevention. PHAC will also work with partners to sustain positive health behaviour while addressing the risk factors that underlie major chronic diseases.

In a world overflowing with data, significant advantage goes to those who can make the best use of it. PHAC's scientific, research, and surveillance programs will continue to provide valuable evidence to inform program and policy development.

I look forward to working together with our partners and stakeholders to safeguard the well-being of all Canadians.

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

Plans at a glance

PHAC Priority 1: Strengthened public health capacity and science leadership

The Government of Canada plays an essential role in supporting the public health of Canadians, and PHAC is a key player in carrying out that role. PHAC helps to improve the public health practices that directly affect Canadians by strengthening approaches to the undertaking of scientific research; providing oversight of the surveillance systems that enable public health concerns to be tracked, reported, and addressed; and building the evidence base that improves decision-making pertaining to public health matters.

Key planning highlights:

- Improve national laboratory capacity to meet changing infectious disease research and testing needs by: developing and implementing innovative scientific tools and methods; increasing testing effectiveness; and providing leadership, training and guidance to stakeholders to build public health capacity across Canada; and
- Strengthen public health surveillance in Canada by collaborating with federal, provincial, and territorial (F/P/T) partners in implementing the Action Plan of the Blueprint for a Federated System for Public Health Surveillance in Canada.

PHAC Priority 2: Leadership on health promotion and disease prevention

The Government of Canada recognizes that social, economic and environmental conditions can affect Canadians' health status and can increase the potential for disease. PHAC is a focal point for federal government action to address these realities. By focusing on building a stronger evidence base through surveillance, understanding the health interventions that work, and collaborating with stakeholders across Canada and internationally, PHAC provides governments, health providers and individual Canadians with the knowledge to support informed decision-making.

Key planning highlights:

- Identify and implement public health intervention approaches related to sexually transmitted and blood borne infections (STBBIs) to contribute to progress on global health targets by 2020, including increasing the number of individuals who are aware of their status and have access to treatment;
- Release the Pan-Canadian Framework for Action to Address Antimicrobial Resistance (AMR) in 2017–18, followed by the development of a detailed action plan to address health threats from AMR;
- Improve Canada's immunization coverage and reduce vaccine-preventable disease (VPD) rates by: updating national goals for VPD rates and immunization coverage; improving Canada's ability to measure immunization coverage and identify under- and unimmunized populations; and creating a funding program focused on increasing immunization acceptance and uptake;

- Support the harmonization of concussion guidelines and protocols, as well as raise awareness among athletes, parents, and coaches around concussion prevention, early identification, and management; and

- Strengthen surveillance to provide comprehensive and timely information on positive mental health, mental illness, suicide deaths, and attempts. This includes collaborating with partners on mental health surveillance and advancing the strategic objectives of the Federal Framework for Suicide Prevention.[ii]

PHAC Priority 3: Enhanced public health security

The Government of Canada works closely with partners and stakeholders to identify, develop, and implement measures that protect the health and safety of Canadians every day. PHAC focuses on preparing for, and responding to, public health events and emergencies, mitigating travel related public health risks, and regulating pathogens and toxins in Canada. PHAC also works with stakeholders to deal with the public health implications of broader global threats to public health, such as climate change, and other naturally occurring, deliberate, or accidental threats.

Key planning highlights:

- Enhance PHAC's ability to rapidly mobilize trained public health personnel in case of future public health events and emergencies in light of lessons learned from recent disease outbreaks such as Ebola and Zika;

- Make targeted investments in medical countermeasures for the National Emergency Strategic Stockpile so that Canada is better prepared to respond to priority biological, chemical and radiological events and other emergencies;

- Work with P/T partners to approve and implement the Federal-Provincial-Territorial Emergency Response Plan for the Health Sector; and

- Improve the delivery of border and travel health programs to better prevent and address travel-related public health risks.

PHAC Priority 4: Excellence and innovation in management

The Government has committed to delivering open, transparent and effective public services. PHAC upholds this commitment by pursuing innovation and continuous improvement in the design and delivery of its programs and services. PHAC strives to create an environment that cultivates effective management, engagement, teamwork and professional development opportunities required of a high-performing organization.

Key planning highlights:

- Promote a corporate culture that supports workplace well-being, employment equity, and healthy working relationships;

- Foster a culture of high performance through: employee career development; Post-Secondary Recruitment; the Performance Management Initiative; and the continued implementation of the Canada School of Public Service learning model and Career Connexions; and
- Continue to support innovative employee engagement and change management activities through Blueprint 2020 and Public Service Employee Survey-related initiatives.

For more information on PHAC's plans, priorities, and planned results, see the "Planned results" section of this report.

Raison d'être, mandate and role: who we are and what we do

Raison d'être

Public health involves the organized efforts of society that aim to keep people healthy and to prevent illness, injury and premature death. The Public Health Agency of Canada[iii] (PHAC) has put in place programs, services and policies to help protect and promote the health of all Canadians and residents of Canada. In Canada, public health is a responsibility that is shared by all three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, PHAC was created within the federal Health Portfolio[iv] to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening public health capacities across Canada.

Mandate and role

PHAC has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance surveillance information and expand the knowledge of disease and injury in Canada;
- Provide federal leadership and accountability in managing national public health events;
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning; and
- Serve as a central point for sharing public health expertise across Canada and with international partners, and to use this knowledge to inform and support Canada's public health priorities.

For more general information about the department, see the "Supplementary information" section of this report. For more information on the department's organizational mandate letter commitments, see the Minister's mandate letter on the Prime Minister of Canada's website.[v]

Operating context: conditions affecting our work

PHAC operates in a complex, interconnected, and evolving environment where drivers such as social determinants of health, climate change, and advancements in technology impact Canadians. For instance, global supply chains and rapid international transportation systems move goods and people across national borders, carrying with them the risk that a health threat, emerging from somewhere in the world, could enter Canada. Similarly, climate change presents a range of risks, from the spread of specific diseases to extreme weather events.

Although Canada is one of the healthiest countries in the world, health inequalities persist. While the life expectancy of Canadians is higher than ever, not all experience the same health status. Vulnerable populations (such as low-income families, children, Indigenous peoples, and the elderly) face heightened risks of poor health outcomes, including chronic and infectious disease, injury, mental illness, and obesity.

Canada will continue to face some persistent public health challenges in the coming years. For example, rising rates of chronic diseases (the cause of 65% of all deaths in Canada each year); the frequency of infectious disease outbreaks and re-emergence of vaccine-preventable diseases; rising obesity rates; increasing mental health issues; an aging population; and the spread of drug-resistant organisms will influence the ability of PHAC's programs to deliver and achieve results for Canadians.

Unforeseen public health events mean that PHAC must continue to have the capacity to rapidly and effectively respond. To do so, credible and timely data is required to support evidence-based decision making. Technology provides PHAC and its partners and stakeholders with a wide range of resources to address public health issues. As technology continues to advance, its role in public health will also change. The wide range of available technologies will continue to be used in educating, informing, training, and communicating with both individuals and public health professionals; in surveillance and data collection for detecting infectious disease outbreaks; in monitoring of chronic disease and injuries; in improving the speed and accuracy of diagnoses; and in providing new and more effective treatments.

Public health is a shared responsibility. By improving its understanding of the priorities, activities, and concerns of partners and stakeholders (e.g., provinces and territories), PHAC will be better able to adapt its programs to respect the diversity across Canada. PHAC's commitment to accountability, openness, and results will help foster these important multi-sectoral collaborations and the solutions needed to help improve the health of Canadians.

Key risks: things that could affect our ability to achieve our plans and results

PHAC manages a range of risks in pursuing its mission to promote and protect the health of Canadians and in consideration of its operating context. The risks identified in the following table are drawn from PHAC's 2016–19 Corporate Risk Profile. These risks are ranked as having the greatest potential to significantly impact PHAC's ability to achieve its objectives, and having the most important potential health and safety consequences for Canadians in the event of a failure of any risk response strategy.

Key risks

Risk 1: Simultaneous Events/Large Event
Risk Statement: There is a risk that a significant or simultaneous public health event(s) may occur and PHAC may not have the scope and depth of workforce or the capacity and resources required to mobilize an effective and timely response, while maintaining its non-emergency obligations. This may hinder PHAC's role in providing leadership in the coordination and integration of the Health Portfolio's emergency preparedness and response functions, and implementation of other public health priorities. Risk Drivers: ▪ Ability to mobilize resources to support other stakeholders (e.g., provinces, territories, and international organizations); ▪ Availability of science and technical expertise to respond to public health events; ▪ Mobilizing PHAC capacity to respond to events, sustain existing priorities, and promote workplace wellness; ▪ Frequency, scope, and/or globalization of public health events; and ▪ Capacity of public health partners to address public health emergencies. Risk Response Strategies: ▪ Update the Health Portfolio All-Hazards Risk and Capability Assessment to better understand public health capacity gaps and support prioritization of opportunities for enhanced preparedness; ▪ Increase PHAC's ability to rapidly mobilize personnel to respond to public health events/emergencies; and ▪ Leverage new technologies to foster greater information sharing and communication between stakeholders (e.g., online portals and the Canada Communicable Disease Report (CCDR) online).

Link to the department's Programs:

- 1.1: Public Health Infrastructure
- 1.3: Health Security

Link to Mandate letter commitments or to government-wide and departmental priorities:

- PHAC Priority: 1 and 3

Risk 2: Access to Timely and Accurate Data

Risk Statement:

There is a risk that, as the volume of and need for public health data increases both domestically and internationally, PHAC may not have access to timely, reliable and accurate information and/or data, nor the ability to undertake necessary data analysis, which could reduce effective evidence-based decision-making pertaining to public health matters.

Risk Drivers:

- Information security;
- Information sharing legislation;
- Consistency and availability of F/P/T data;
- Data to support effective performance measurement and monitoring;
- Aging infrastructure, including Information Technology, mission-critical applications and procurement mechanisms; and
- Access to timely information (e.g., Vital Statistics; and data from the Canadian Institute for Health Information and Statistics Canada).

Risk Response Strategies:

- Work with P/T stakeholders to support timely information sharing and continued technology implementation (e.g., PulseNet Canada, the Canadian Public Health Lab network, and Canadian Chronic Disease Surveillance System, and the Electronic Canadian Hospital Injuries Reporting and Prevention Program);
- Collaborate with P/Ts to implement the Action Plan of the Blueprint for a Federated System for Public Health Surveillance in Canada with a focus on strengthening the infrastructure that supports public health surveillance; and
- Conduct assessments to improve the way PHAC uses, disseminates, and shares information in terms of the availability, usability, and uptake of PHAC reports and publications (e.g., CCDR, Health Promotion and Chronic Disease Prevention in Canada journal, surveillance reports, and guidance materials).

Link to the department's Programs:

- 1.1: Public Health Infrastructure
- 1.2: Health Promotion and Disease Prevention

Link to Mandate letter commitments or to government-wide and departmental priorities:

- PHAC Priority: 1 and 4

Risk 3: Keeping up with the Changing External Environment

Risk Statement:

There is a risk that PHAC may not be able to keep up with the rapid pace of change in the external environment. This may include advancements in communications, scientific discoveries and emerging public health technologies. This may hinder PHAC's ability to maintain its relevance, which could affect its ability to exhibit excellence and innovation in public health.

Risk Drivers:

- Modernization of legislation, regulations and policies;
- Reputation, relationships with stakeholders and Canadians;
- Public communication and trust (social media, public interaction, etc.);
- Availability and access to public information on websites and other social media;
- Public health awareness and knowledge transfer;
- International or domestic adoption of new technologies; and
- Keeping pace with new discoveries.

Risk Response Strategies:

- Target the development and/or enhancement of innovative science and emerging laboratory technology and practices (e.g., genomics); and
- Translate research and evidence into information and tools that promote good health and prevent disease and injury.

Link to the department's Programs:

- 1.1: Public Health Infrastructure
- 1.2: Health Promotion and Disease Prevention
- 1.3: Health Security

Link to Mandate letter commitments or to government-wide and departmental priorities:

- PHAC Priority: 1, 2, 3, and 4

Risk 4: Public Health Agency Physical Infrastructure

Risk Statement:

There is a risk that without necessary and adequate infrastructure, as well as timely maintenance of, and investment in, facilities and assets, PHAC may be exposed to threats which could impact how PHAC will deliver on its mandate and objectives.

Risk Drivers:

- Adopting and integrating technologies;
- Physical security; and
- Laboratory space.

Risk Response Strategies:

- Assess existing laboratory capacity as part of developing a strategy to make the best use of Canada's biocontainment laboratory facilities.

Link to the department's Programs:

- 1.1: Public Health Infrastructure

Link to Mandate letter commitments or to government-wide and departmental priorities:

- PHAC Priority: 1 and 4

Planned results: what we want to achieve this year and beyond

Programs

Program 1.1: Public Health Infrastructure

Description

The Public Health Infrastructure Program strengthens Canada's public health, workforce capability, information exchange, and federal, provincial and territorial networks, and scientific capacity. These infrastructure elements are necessary for effective public health practice and decision-making in Canada. The program works with federal, provincial and territorial stakeholders in planning for and building strategic and targeted investments in public health infrastructure, including public health research, training, tools, best practices, standards, and mechanisms to facilitate information exchange and coordinated action. Public health laboratories provide leadership in research, technical innovation, reference laboratory services, surveillance, outbreak response capacity and national laboratory coordination to inform public health policy and practice. Through these capacity-building mechanisms and scientific expertise, the Government of Canada facilitates effective coordination and timely public health interventions which are essential to having an integrated and evidence-based national public health system based on excellence in science. Key stakeholders include local, regional, provincial, national and international, public health organizations, practitioners and policy makers, researchers and academics, professional associations and non-governmental organizations.

Planning highlights

Efforts under this Program will contribute to meeting PHAC's priorities as well as manage Risks 1, 3, and 4 described in the key risks section.

Scientific and Laboratory Capacity

Over the past three years, PHAC has exceeded performance targets for accredited reference laboratory testing, but must continually innovate and adapt its science and technology capacity to maintain readiness. As such, PHAC will continue to improve national laboratory capacity to meet changing infectious disease research and testing needs by: developing and implementing innovative scientific tools and methods; increasing testing effectiveness; and providing leadership, training, and guidance to stakeholders across Canada.

Public Health Surveillance, Information, and Networks

Building on the federal/provincial/territorial (F/P/T) Multilateral Information Sharing Agreement, PHAC will strengthen public health surveillance in Canada by collaborating with F/P/T partners in implementing the Action Plan of the Blueprint for a Federated System for Public Health Surveillance in Canada.

Public Health Capacity

PHAC will prepare for an international evaluation[vi] of Canada's capacity to prevent, detect, and rapidly respond to public health threats, which is expected to identify opportunities for enhanced preparedness, response, and action.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013–14	2014–15	2015–16
Canada has the public health system infrastructure to manage public health risks of domestic and international concern	Level of Canada's compliance with the public health capacity requirements outlined in the International Health Regulations	2	March 31, 2017	2	2	2
Public health professionals have timely access to peer reviewed laboratory and surveillance publications to inform public health action	Number of citations referencing Agency laboratory research publications	1,800	March 31, 2017	1,921	2,138	2,850
	Percent of accredited reference laboratory tests conducted within the specified turnaround times	95	March 31, 2017	95.3	95.78	96.6

Budgetary financial resources (dollars)

2017–18 Main Estimates	2017–18 Planned spending	2018–19 Planned spending	2019–20 Planned spending
110,828,058	110,828,058	106,957,378	106,114,663

Human resources (full-time equivalents [FTEs])

2017–18 Planned FTEs	2018–19 Planned FTEs	2019–20 Planned FTEs
735	729	728

Program 1.2: Health Promotion and Disease Prevention

Description

The Health Promotion and Disease Prevention Program aims to improve the overall health of the population—with additional focus on those that are most vulnerable—by promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and mitigating the impact of chronic disease and injury, as well as infectious diseases. Working in collaboration with provinces, territories, and stakeholders, the Program develops and implements federal aspects of frameworks and strategies (e.g., Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, national approaches to addressing immunization) geared toward promoting health and preventing disease. The Program carries out primary public health functions of health promotion, surveillance, science and research on diseases and associated risk and protective factors to inform evidenced-based frameworks, strategies, and interventions.

Planning highlights

Efforts under this Program will contribute to meeting PHAC's priorities as well as to managing Risks 2 and 3 described in the key risks section. In addition, this Program will contribute to the Minister's mandate letter commitments.

Infectious Diseases and Immunization

Past evaluations have indicated that the Government of Canada's investments have effectively contributed to the prevention and control of some sexually transmitted and blood borne infections (STBBIs). However, new HIV and hepatitis C infections continue to occur among certain populations. By working with P/T partners and through the engagement of stakeholders, PHAC will identify and implement public health interventions to address STBBIs.

The release of the Pan-Canadian Framework for Action to Address Antimicrobial Resistance (AMR) in Canada will be followed by the development of a detailed action plan, with work likely to extend into 2018–19. PHAC will continue to be a catalyst for Canadian action on AMR priorities, including achieving stakeholder consensus on key indicators and targets for reducing antimicrobial resistance, promoting appropriate antimicrobial use, and advancing commitments made in the action plan. Through the Canadian Antimicrobial Resistance Surveillance System, PHAC will provide the evidence to inform efforts under the Framework.

PHAC will continue to deliver science and public health action related to vector-borne diseases. Supporting activities include: publishing the Federal Framework on Lyme Disease; undertaking surveillance and risk assessments for diseases that may emerge with climate change; and distributing educational materials to reduce infectious disease risks to Canadians.

The Government of Canada is committed to improving Canada's immunization coverage rates. To support this effort, PHAC will use Budget 2016 funding to: update national vaccine-preventable diseases (VPD) rate targets and immunization coverage goals; improve Canada's ability to identify under- and unimmunized populations; and create a funding program focused

on increasing immunization acceptance and uptake. A recent evaluation confirmed that PHAC activities in surveillance reporting, vaccine safety monitoring, and vaccine supply and research coordination, contributed to a coordinated and effective response.

Salmonella rates have shown an increase over the last three years due to the ongoing incidence of Salmonella Enteriditis. PHAC will work with the F/P/T Food Safety Committee Joint Government/Industry Working group to implement long-term solutions that mitigate Salmonella Enteriditis and lower disease rates.

Canada has one of the lowest rates of tuberculosis (TB) in the world, but it still remains a challenge among Indigenous peoples. Building on lessons from previous interventions, PHAC will work with partners to develop and implement projects aimed at reducing the burden of TB in high-incidence Indigenous communities on- and off-reserve.

Healthy Living and Injury Prevention

PHAC plays a key role in monitoring risks relating to overweight/obesity, physical activity, sedentary behaviour, sports, sleep, recreation, and injury. This work helps to fill important information gaps and informs healthy living policies and programs for all Canadians. A recent evaluation[vii] identified that there is increasing capacity among funded non-government organizations to develop injury prevention products and improve target audience understanding of injury prevention.

PHAC will continue to test innovative interventions that encourage Canadians to make sustained healthy living choices (including physical activity, healthy eating, good oral hygiene, and tobacco cessation) and improvements in health and well-being. New partnership arrangements will also aim to increase the reach of effective interventions and ultimately, the achievement of measurable results.

PHAC will support the harmonization of concussion guidelines and protocols, as well as raise awareness among athletes, parents, and coaches around concussion prevention, early identification, and management.

Mental Health Promotion and Suicide Prevention

The 2015 Evaluation of Mental Health and Mental Illness Activities[viii] recognized a continuing and significant need across Canada in the areas of mental health promotion and mental illness prevention. As a result, PHAC will collaborate across the Health Portfolio to align activities and bring a coordinated approach. PHAC will develop and disseminate knowledge and resources that can be used by researchers, professionals, and service providers to help improve the resilience and well-being of Canadians, including those who are most vulnerable. PHAC will continue to collaborate with key partners to strengthen surveillance of mental illnesses and positive mental health, and enhance individual and community resilience, including preventing suicide. This will include community interventions aimed at supporting the health of survivors of family violence, and increasing the protective mental health factors for children and their families.

Seniors and Aging

Independence and enhanced quality of life in later years is linked to opportunities to maintain and enhance physical, mental, and social health throughout life. To support healthy aging, PHAC will work with key stakeholders to strengthen the evidence base on aging and health and support the uptake of Age-Friendly Communities.[ix] This includes investments to improve our understanding of dementia, reduce the risks, delay the onset, and improve quality of life for those living with dementia, their families, and their caregivers. Efforts will be focused on surveillance and monitoring of dementia, pursuing partnerships on social and technological innovation, promoting awareness, and reducing stigma.

Vulnerable Children and Families

PHAC will work with partners to address the recommendations made in the evaluation of the 2016 Community Action Program for Children and Canada Prenatal Nutrition Program.[x] These efforts will include continuing to invest in programs that reach vulnerable children, mothers, and families in more than 3,000 Canadian communities, including Indigenous populations. Efforts will be made to integrate oral health promotion, healthy living, and mental health promotion as well as maternal and child health aspects into existing programming, where appropriate. PHAC will also continue to support the development and dissemination of best practices, guidelines, frameworks for action, training, and other tools that will benefit Canadians. In addition, PHAC will work with partners to support the Government of Canada's priorities in promoting nutrition and healthy child development, with specific emphasis on services for vulnerable and Indigenous populations.

Innovation and Experimentation

Innovation and experimentation are central to PHAC's federal public health role and effectiveness in domestic and global leadership. Consequently, PHAC makes strategic investments that are designed to leverage partnership advantages in the public, private, and voluntary sectors. These investments increase the reach, impact, and the adoption of innovations in public health.

The Innovation Strategy will invest $5 million in 2017–18 to bring tested solutions to persistent public health challenges to scale in Canadian communities. The focus will be on healthy weights and mental health. By using implementation science, the Innovation Strategy leverages partnerships and generates high-quality evidence that assists stakeholders in adopting effective approaches that improve population health. Evaluation findings suggest that past investments in the program are contributing to improved health outcomes, particularly in the priority area of mental health.

In addition, the Multi-Sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease Program will invest $13 million in 2017–18 to promote healthy living and reduce Canadians' risk for developing chronic diseases. This program will experiment with a range of social finance, social impact, and pay-for-performance models that have the potential to achieve greater, more sustainable impacts on the health outcomes of Canadians. PHAC acts as a catalyst in creating the conditions that connect resources, talent, and expertise, and focuses them on social issues.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual Results		
				2013–14	2014–15	2015–16
Diseases in Canada are prevented and mitigated	Rates per 100,000 of key infectious diseases	HIV: 6.41	March 31, 2017	5.9	5.9	5.8
		Hepatitis B: 15.1		9.4	15.2	15.2
		Hepatitis C: 29.5		29.32	29.6	29.68
		Tuberculosis: 3.6		4.8	4.7	4.4
		E. Coli O157: 1.39		1.34	1.28	1.05
		Salmonella: 19.68		17.83	21.95	21.85
		Invasive Pneumococcal Disease in adults, 60 years and older: 12.4		21.73	20.43	20.33
		Measles acquired in Canada (not related to travel): 0.7		N/A*	N/A*	N/A*
	Number of pertussis (whooping cough) deaths in children of less than or equal to three months of age	0		3	1	2
	Percent of national immunization coverage goals met for children	100		N/A*	N/A*	N/A*
	Percent of national immunization coverage goals met for adults	100		N/A*	N/A*	N/A*

	Rate of key chronic disease risk factors (percent of adults aged 20 and over that report being physically active)	52[1]		51.9	53.4	51.9
	Rate of key chronic disease risk factors (percent of children and youth aged 5 to 17 who are overweight or obese)	32[2]		31.5	31.2	31.2

* Actual results are not available given changes to the expected result and/or performance indicator methodology across the specified fiscal years.

Budgetary financial resources (dollars)

2017–18 Main Estimates	2017–18 Planned spending	2018–19 Planned spending	2019–20 Planned spending
309,597,402	309,597,402	310,966,946	308,694,012

Human resources (FTEs)

2017–18 Planned FTEs	2018–19 Planned FTEs	2019–20 Planned FTEs
829	828	827

[1] This baseline is obtained through the Canadian Community Health Survey (2009–10). Over time, the objective is to achieve an upward trend for physical activity.

[2] This baseline is obtained through the Canadian Health Measures Survey (2009–11). Over time, the objective is to achieve a downward trend for obesity and overweight.

Program 1.3: Health Security

Description

The Health Security Program takes an all hazards approach to the health security of Canada's population, which provides the Government of Canada with the ability to prevent, prepare for, and respond to public health events/emergencies. This program seeks to bolster the resiliency of the populations and communities, thereby enhancing the ability to cope and respond. To accomplish this, its main methods of intervention include actions taken through collaborations with key jurisdictions and international collaborators. These actions are carried out by fulfilling Canada's obligations under the International Health Regulations and through the administration and enforcement of pertinent legislation and regulations.

Planning highlights

Efforts under this Program will contribute to meeting: the Government's commitment to Open Government; PHAC's priorities; as well as manage Risk 1 described in the key risks section.

Emergency Preparedness

PHAC regularly refines and tests its emergency management plans to be ready to respond to public health events and emergencies. During 2017–18, PHAC will work with P/T partners to approve and implement the F/P/T Emergency Response Plan for the Health Sector.

PHAC will make targeted investments in medical countermeasures for the National Emergency Strategic Stockpile so that Canada is better prepared for priority biological, chemical, and radiological events and other emergencies. The recent Ebola and Zika outbreaks highlighted the need to rapidly and effectively mobilize public health personnel to support response activities. As a result, PHAC will enhance the readiness of trained personnel to be mobilized in case of future public health events and emergencies.

Border and Travel Health

In light of the recommendations of the 2015 Evaluation of Travel Health and Border Health Security Activities,[xi] specifically for increased program collaboration, PHAC will improve and integrate its travel health programs to better prevent, respond to, and minimize the impact of travel-related public health risks. The integrated programming will: focus on the traveller; respond to the full range of travel-related public health risks; clarify roles and responsibilities of partners; and enhance communications to Canadians about travel-related risks.

Biosecurity

PHAC will continue to promote compliance with laws and regulations to protect Canadians from risks associated with pathogens and toxins. PHAC will also help Canada contribute to a stronger global biosecurity capacity by serving as a World Health Organization Collaborating Centre for Biosafety and Biosecurity.

Regulatory Programs

Under the commitment to Open Government, PHAC will communicate its approaches to regulatory compliance and enforcement and share the results of its regulatory activities with stakeholders.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual Results		
				2013–14	2014–15	2015–16
Canadians are protected from threats to public health	Percent of collaborative relationships with key jurisdictions and international organizations in place to prepare for and respond to public health risks and events	100	March 31, 2017	100	100	100
	Percent of Government of Canada's health emergency and regulatory programs implemented in accordance with the Emergency Management Act, the Quarantine Act, the Human Pathogens and Toxins Act and the Human Pathogens Importation Regulations[3]	100	December 31, 2017	100	100	100

Budgetary financial resources (dollars)

2017–18 Main Estimates	2017–18 Planned spending	2018–19 Planned spending	2019–20 Planned spending
61,360,077	61,360,077	61,360,077	52,060,077

Human resources (FTEs)

2017–18 Planned FTEs	2018–19 Planned FTEs	2019–20 Planned FTEs
312	311	311

Information on PHAC's lower-level programs is available on PHAC's website[xii] and in the TBS InfoBase.[xiii]

[3] The Human Pathogens Importation Regulations were repealed and replaced with the Human Pathogens and Toxins Regulations effective December 1, 2015.

Internal Services

Description

Internal Services are those groups of related activities and resources that the federal government considers to be services in support of programs and/or required to meet corporate obligations of an organization. Internal Services refers to the activities and resources of the 10 distinct service categories that support Program delivery in the organization, regardless of the Internal Services delivery model in a department. The 10 service categories are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Planning highlights

Workplace Well-being

PHAC will promote a corporate culture that supports workplace well-being, employment equity, and healthy working relationships. This will be accomplished by providing employees with training, tools and resources through initiatives such as: the National Standard for Psychological Health and Safety in the Workplace; the Multi-Year Diversity and Employment Equity Plan; and the Multi-Year Strategy for Mental Health and Wellness in the Workplace.

High-Performance Culture

PHAC will foster a culture of high performance through: employee career development; Post-Secondary Recruitment; the Performance Management Initiative; and the continued implementation of the Canada School of Public Service learning model and Career Connexions.

Communications

PHAC will take a digital-first approach in the development of communications advice, products, and services that anticipate and respond to the evolving needs of Canadians for information. This will allow PHAC to better engage with Canadians online including through social media.

PHAC will strengthen integration and collaboration between its communications and program functions to improve how PHAC connects with Canadians about their health and safety.

PHAC will continue to support innovative employee engagement and change management activities through Blueprint 2020 and Public Service Employee Survey-related initiatives.

Innovation and Experimentation

i.HUB is an innovation support service and centre of expertise that is available to all PHAC employees. The role of i.HUB is to build and support innovation teams in service and program areas using design thinking as a signature methodology. The program has three broad goals: get results by helping innovate more efficiently and effectively; build capacity by creating innovators,

not just innovations; and work with leaders to build/shift a culture that is more conducive to innovation. In 2017–18, PHAC will invest $84,400 to support i.HUB.

Budgetary financial resources (dollars)

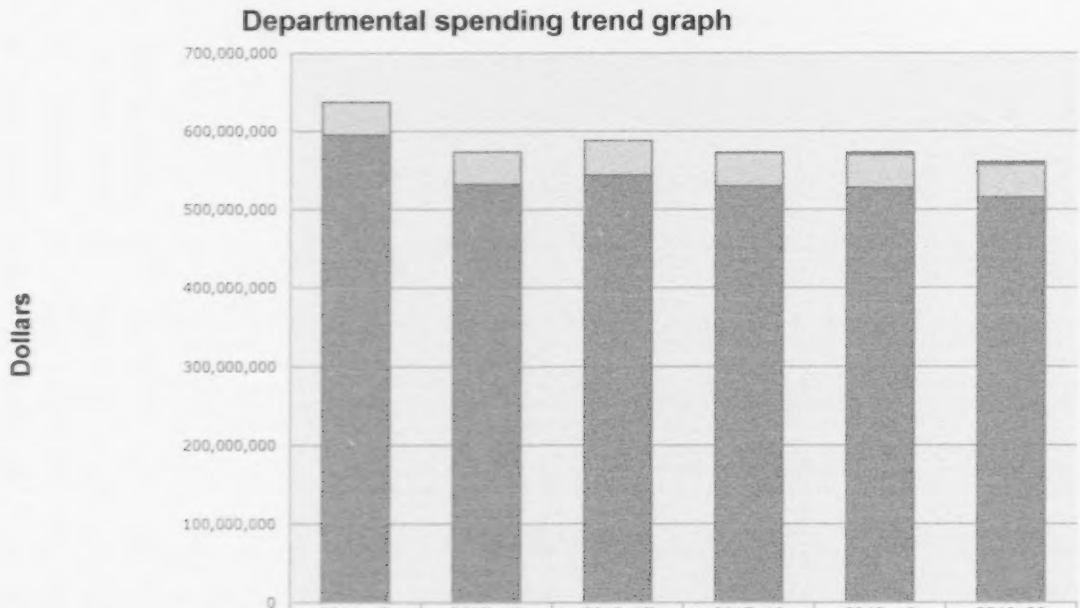
2017–18 Main Estimates	2017–18 Planned Spending	2018–19 Planned Spending	2019–20 Planned Spending
90,149,394	90,149,394	90,145,512	90,150,501

Human resources (FTEs)

2017–18 Planned FTEs	2018–19 Planned FTEs	2019–20 Planned FTEs
597	595	595

Spending and human resources

Planned spending



	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Sunset Programs – Anticipated	0	0	0	692,895	3,079,759	3,079,759
Statutory	41,719,601	41,089,511	44,361,977	41,673,764	41,599,289	41,572,759
Voted	595,249,584	531,990,630	543,571,542	530,261,167	527,830,624	515,446,494
Total	636,969,185	573,080,141	587,933,519	572,627,826	572,509,672	560,099,012

The changes in planned spending are primarily associated with issuing the final payment for the Hepatitis C Health Care Services Program in 2014–15 as well as temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad. The future decrease in planned spending shows the gradual sunsetting of some temporary PHAC programs over the next three years.

PHAC will continue to examine the level of resources required for priority initiatives and seek renewal, where applicable.

Budgetary planning summary for Programs and Internal Services (dollars)*

Programs and Internal Services	2014–15 Expenditures	2015–16 Expenditures	2016–17 Forecast spending	2017–18 Main Estimates	2017–18 Planned spending	2018–19 Planned spending	2019–20 Planned spending
1.1 Public Health Infrastructure	124,806,312	116,628,229	108,274,469	110,828,058	110,828,058	106,957,378	106,114,663
1.2 Health Promotion and Disease Prevention	351,381,857	297,511,369	308,073,791	309,597,402	309,597,402	310,966,946	308,694,012
1.3 Health Security	61,983,921	67,972,376	71,890,374	61,360,077	61,360,077	61,360,077	52,060,077
Subtotal	**538,172,090**	**482,111,974**	**488,238,634**	**481,785,537**	**481,785,537**	**479,284,401**	**466,868,752**
Internal Services	98,797,095	90,968,166	99,694,885	90,149,394	90,149,394	90,145,512	90,150,501
Total	**636,969,185**	**573,080,140**	**587,933,519**	**571,934,931**	**571,934,931**	**569,429,913**	**557,019,253**

* Differences may arise due to rounding.

Actual expenditures in 2014–15 were higher primarily due to issuing the final payment of $49.7 million to provinces and territories for the Hepatitis C Health Care Services program as well as temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad. As well, in 2015–16, there was a reduction in funding for the Pandemic Vaccine Fill Line project.

The increase in 2016–17 forecast spending, compared to previous year expenditures, are primarily due to new payments for the Canadian Centre for Aging for Brain Health Innovation. This forecast spending also includes additional authorities for the operating budget carry forward.

Planned spending will decrease in 2017–18 and beyond, primarily due to the funding profiles for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad, and for the Acquisition of Medical Countermeasures for Smallpox and Anthrax.

Planned human resources

Human resources planning summary for Programs and Internal Services (full-time equivalents)*

Programs and Internal Services	2014–15 Full-time equivalents	2015–16 Full-time equivalents	2016–17 Forecast Full-time equivalents	2017–18 Planned Full-time equivalents	2018–19 Planned Full-time equivalents	2019–20 Planned Full-time equivalents
1.1 Public Health Infrastructure	717	704	723	735	729	728
1.2 Health Promotion and Disease Prevention	845	867	848	829	828	827
1.3 Health Security	275	300	308	312	311	311
Subtotal	**1,837**	**1,871**	**1,879**	**1,876**	**1,868**	**1,866**
Internal Services Subtotal	265	271	611	597	595	595
Total	**2,101**	**2,142**	**2,490**	**2,473**	**2,463**	**2,461**

* Differences may arise due to rounding.

The increase in forecast and planned full-time equivalents (FTE), compared to previous year actuals, is primarily due to the Shared Services Partnership between PHAC and Health Canada where planned FTEs are reported under PHAC, but actual FTEs are expended and reported under Health Canada.

Estimates by vote

For information on PHAC's organizational appropriations, consult the 2017–18 Main Estimates.[xiv]

Future-Oriented Condensed Statement of Operations

The Future-Oriented Condensed Statement of Operations provides a general overview of PHAC's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Amounts may differ because the Future-Oriented Condensed Statement of Operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Departmental Plan are prepared on an expenditure basis.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net costs of operations to the requested authorities, are available on PHAC's website.[xv]

Future-Oriented Condensed Statement of Operations
for the year ended March 31, 2018 (dollars)

Financial information	2016–17 Forecast results	2017–18 Planned results	Difference (2017–18 Planned results minus 2016–17 Forecast results)
Total expenses	617,821,856	601,137,051	(16,684,805)
Total revenues	13,975,318	13,976,772	1,454
Net cost of operations before government funding and transfers	603,846,538	587,160,279	(16,686,259)

PHAC is projecting $601.1 million in expenses based on 2017–18 Main Estimates and accrued information. This amount does not include future supplementary estimates.

The 2016–17 planned expenses by Program are as follows:

- Public Health Infrastructure $121.8 million;
- Health Promotion and Disease Prevention $315.3 million;
- Health Security $76.6 million; and
- Internal Services $104.1 million.

PHAC receives most of its funding through annual Parliamentary appropriations. PHAC's revenue is generated by services that support the above-noted Programs. PHAC projects total revenues in 2017–18 to be $14.0 million (2016–17 - $14.0 million).

Supplementary information

Corporate information

Organizational profile

Appropriate minister: The Honourable Jane Philpott, P.C., M.P.

Institutional head: Siddika Mithani, Ph.D.

Ministerial portfolio: Health

Enabling instruments: Public Health Agency of Canada Act,[xvi] Department of Health Act,[xvii] Emergency Management Act,[xviii] Quarantine Act,[xix] Human Pathogens and Toxins Act,[xx] Health of Animals Act,[xxi] Federal Framework on Lyme Disease Act,[xxii] and the Federal Framework for Suicide Prevention Act.[xxiii]

Year of incorporation / commencement: 2004

Other: In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada signed a Shared Services Partnership Framework Agreement. Under this agreement, each organization retains responsibility for a different set of internal services and corporate functions. These include: human resources; real property; information management / information technology; security; internal financial services; communications; emergency management; international affairs; internal audit services; and evaluation services.

Reporting framework

The PHAC's Strategic Outcome and Program Alignment Architecture (PAA) of record for 2017-18 are shown below:

1 **Strategic Outcome:** Protecting Canadians and empowering them to improve their health

- 1.1 **Program:** Public Health Infrastructure
  - 1.1.1 **Sub-Program:** Public Health Workforce
  - 1.1.2 **Sub-Program:** Public Health Information and Networks
  - 1.1.3 **Sub-Program:** Public Health Laboratory Systems
- 1.2 **Program:** Health Promotion and Disease Prevention
  - 1.2.1 **Sub-Program:** Infectious Disease Prevention and Control
    - 1.2.1.1 **Sub-Sub-Program:** Immunization
    - 1.2.1.2 **Sub-Sub-Program:** Infectious and Communicable Disease
    - 1.2.1.3 **Sub-Sub-Program:** Food-borne, Environmental and Zoonotic Infectious Disease
  - 1.2.2 **Sub-Program:** Conditions for Healthy Living

1.2.2.1 Sub-Sub-Program: Healthy Child Development

1.2.2.2 Sub-Sub-Program: Healthy Communities

1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention

1.3 Program: Health Security

1.3.1 Sub-Program: Emergency Preparedness and Response

1.3.2 Sub-Program: Border Health Security

1.3.3 Sub-Program: Biosecurity

Internal Services

Supporting information on lower-level programs

Information on PHAC's lower-level programs is available on PHAC's website[xxiv] and in the TBS InfoBase.[xxv]

Supplementary information tables

The following supplementary information tables are available on PHAC's website.[xxvi]

- Details on transfer payment programs of $5 million or more
- Disclosure of transfer payment programs under $5 million
- Horizontal initiatives
- Upcoming evaluations for the next five fiscal years
- Upcoming internal audits for the next fiscal year

Federal tax expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the Tax Expenditures and Evaluations[xxvii] publication. This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs. The tax measures presented in that publication are the responsibility of the Minister of Finance.

Organizational contact information

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Appendix A: definitions

appropriation (crédit)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Core Responsibility (responsabilité essentielle)

An enduring function or role performed by a department. The intentions of the department with respect to a Core Responsibility are reflected in one or more related Departmental Results that the department seeks to contribute to or influence.

Departmental Plan (Plan ministériel)

Provides information on the plans and expected performance of appropriated departments over a three-year period. Departmental Plans are tabled in Parliament each spring.

Departmental Result (résultat ministériel)

A Departmental Result represents the change or changes that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

Departmental Result Indicator (indicateur de résultat ministériel)

A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

Departmental Results Framework (cadre ministériel des résultats)

Consists of the department's Core Responsibilities, Departmental Results and Departmental Result Indicators.

Departmental Results Report (Rapport sur les résultats ministériels)

Provides information on the actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2017–18 Departmental Plan, government-wide priorities refers to those high-level themes outlining the government's agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada's Strength; and Security and Opportunity.

horizontal initiatives (initiative horizontale)

A horizontal initiative is one in which two or more federal organizations, through an approved funding agreement, work toward achieving clearly defined shared outcomes, and which has been designated (e.g. by Cabinet, a central agency, etc.) as a horizontal initiative for managing and reporting purposes.

Management, Resources and Results Structure (Structure de la gestion, des ressources et des résultats)

A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures (dépenses non budgétaires)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (rendement)

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

Performance indicator (indicateur de rendement)

A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

Performance reporting (production de rapports sur le rendement)

The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

plans (plan)

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

Priorities (priorité)

Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program (programme)

A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture (architecture d'alignement des programmes)

A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

results (résultat)

An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

statutory expenditures (dépenses législatives)

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

Strategic Outcome (résultat stratégique)

A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program (programme temporisé)

A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

target (cible)

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

Endnotes

[i] Minister of Health Mandate Letter, http://pm.gc.ca/eng/minister-health-mandate-letter

[ii] Federal Framework for Suicide Prevention, http://www.healthycanadians.gc.ca/publications/healthy-living-vie-saine/framework-suicide-cadre-suicide/index-eng.php

[iii] Public Health Agency of Canada, http://www.phac-aspc.gc.ca/index-eng.php

[iv] Health Portfolio, http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php

[v] Prime Minister of Canada's Website, http://pm.gc.ca/eng/mandate-letters

[vi] International Evaluation of Public Health Capacity, http://www.who.int/ihr/publications/WHO_HSE_GCR_2016_2/en/

[vii] Evaluation of the Active and Safe Injury Prevention Initiative 2011-2012 to 2012-2013, http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2013-2014/asipi-ipbas/index-eng.php

[viii] 2015 Evaluation of Mental Health and Mental Illness Activities, https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/2010-2011-2014-2015-mental-health-mental-illness-activities-health-canada-public-health-agency-canada.html

[ix] Age-Friendly Communities, http://www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php

[x] 2016 Community Action Program for Children and Canada Prenatal Nutrition Program, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/2010-2011-2014-2015-evaluation-community-action-program-children-canada-prenatal-nutrition-program-associated-activities.html

[xi] 2015 Evaluation of Travel Health and Border Health Security Activities, http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2015-2016/thbhsa-svssf/index-eng.php

[xii] Supporting Information on Lower-Level Programs, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2017-2018-supporting-information-lower-level-programs.html

[xiii] TBS InfoBase, https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html

[xiv] 2017–18 Main Estimates, http://www.tbs-sct.gc.ca/hgw-cgf/finances/pgs-pdg/gepme-pdgbpd/index-eng.asp

[xv] Future-Oriented Statement of Operations, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2017-2018-future-oriented-statement-operations.html

[xvi] Public Health Agency of Canada Act, http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html

[xvii] Department of Health Act, http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html

[xviii] Emergency Management Act, http://laws-lois.justice.gc.ca/eng/acts/E-4.56/index.html

[xix] Quarantine Act, http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html

[xx] Human Pathogens and Toxins Act, http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html

[xxi] Health of Animals Act, http://laws-lois.justice.gc.ca/eng/acts/H-3.3/

[xxii] Federal Framework on Lyme Disease Act, http://laws-lois.justice.gc.ca/eng/acts/F-7.35/index.html

[xxiii] Federal Framework for Suicide Prevention Act, http://laws-lois.justice.gc.ca/eng/annualstatutes/2012_30/page-1.html

[xxiv] Supporting Information on Lower-Level Programs, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2017-2018-supporting-information-lower-level-programs.html

[xxv] TBS InfoBase, https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start

[xxvi] Supplementary Information Tables, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2017-2018-supplemental-information-tables.html

[xxvii] Tax Expenditures and Evaluations publication, http://www.fin.gc.ca/purl/taxexp-eng.asp